

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00268

FILED
Apr 29, 2005
Secretary of State

Entity Name: ASSURANCE BUSINESS TECHNOLOGY, INC.

Current Principal Place of Business:

652 ARBOR LAKE LANE
TAMPA, FL 33602

New Principal Place of Business:

13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438

Current Mailing Address:

652 ARBOR LAKE LANE
TAMPA, FL 33602

New Mailing Address:

13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438

FEI Number: 59-3111901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLF, CHRISTINE M
652 ARBOR LAKE LANE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

HOOVER, CHRISTINE M
13604 COUNTY LINE ROAD
FOUNTAIN, FL 32438 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINE M. HOOVER

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: WOLF, CHRISTINE M
Address: 652 ARBOR LAKE LANE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: HOOVER, CHRISTINE M
Address: 13604 COUNTY LINE ROAD
City-St-Zip: FOUNTAIN, FL 32438

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE M. HOOVER

PC

04/29/2005

Electronic Signature of Signing Officer or Director

Date